

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4)
Summary Sheet

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FILE NUMBER
AGES IN ENTIRE CFA-4 REPORT

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**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes 1 of 1 COMMITTEE INFORMATION 1. Full Name of Committee (as on Statement of Organization) Check if this is a new name Thurl T, Cecil, Campaign For Coroner 3. Committee Telephone Number 2. Acronym or Abbreviated Name (if any) N/A ( 317 ) 984-4472 4. Mailing Address (address where all campaign finance correspondence is received) 507 Red Fox Run Check if this is a new address 6. Party Affiliation (if applicable)
Republican 5. City, State, ZIP Code Arcadia, Ind 46030 CANDIDATE INFORMATION (For Candidate's Committees Only) 8. Party Affiliation or if Independent Candidate 7. Full Name of Candidate (include any nickname) Republican Thurl Truman Cecil Jr 10. County of Residence 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Hamilton Coroner of Hamilton County TYPE OF REPORT CONVENTION CANDIDATES ONLY 11. Check one Check one Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Post-Convention Final/Disbands Committee (lines 18, 19, and 20 must be 10") Utgoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting Period: COLUMN A COLUMN B 1-01-2010 This Period Year to Date 04-09-2010 From: Through: 26.09 13. Cash on hand and investments at the beginning of this reporting period. 26.09 14. Cash on hand and investments January 1, current year CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 0 0 15b. Unitemized 0 0 Ö SUBTOTAL 15c. Add lines 15a and 15b in both columns 0 TOTAL 26.09 26.09 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B **EXPENDITURES** (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question, use Schedule C) 0 0 17b. Unitemized 0 0 Ō 17c. Add lines 17a and 17b in both columns SUBTOTAL 0 26.09 26.09 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) 19. Debts OWED BY the committee (use Schedule D) 0 20. Debts OWED TO the committee (use Schedule E) 0 FOR OFFICE USE ONLY RTIFICATION ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE Title reasurer

for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly

person who fails to file a complete or accurate report as required by the Indiana; 4) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)